

PLUMBING / GAS / SPRINKLER PERMIT APPLICATION

CITY OF LONGVIEW

LOCATION / ADDRESS: _____

(P) (G) (S) CONTRACTOR: _____

CONTRACTOR / OWNER: _____
(IF APPLICABLE)

WORK DESCRIPTION: _____

RESIDENTIAL

COMMERCIAL

PLUMBING

CITY WATER?: YES NO

CITY SEWER?: YES NO

_____ WATER SERVICE

_____ WATER CLOSETS

_____ BATHTUBS

_____ SHOWERS

_____ LAVATORIES

_____ SINKS

_____ WASHING MACHINES

_____ NEW BUILDING SEWER

_____ REPAIR / REPLACE BUILDING SEWER

_____ FLOOR DRAINS / TRAPS

_____ WATER HEATER AND / OR VENT

_____ WATER PIPING

_____ URINALS

_____ GREASE TRAPS

_____ SAND TRAPS

_____ DRINKING FOUNTAINS

_____ VACUUM BREAKERS / BACK-FLOW DEVICES

_____ DRAIN / WASTE / VENT PIPING

GAS

_____ TEMPORARY GAS

_____ GAS OUTLETS

_____ GAS WATER HEATERS

_____ CENTRAL HEAT & AIR

_____ CONVERSION BURNERS

_____ BOILERS

_____ INCINERATORS

_____ FLOOR FURNACES

_____ VENTED WALL FURNACES

_____ GAS TEST (# BUILDINGS)

SPRINKLER SYSTEM

CITY WATER?: YES NO

_____ SPRINKLER WATER SERVICE

_____ VACUUM BREAKERS / BACK-FLOW

MEDICAL GAS

_____ JOB VALUATION

_____ SQUARE FOOTAGE

APPLICANT SIGNATURE

DATE

EMAIL